

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3634

State File No.
 Registrar's No. 2

FILED JAN 17 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> 100.3	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>611 Ruth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Hospital</u>			
3. NAME OF DECEASED (First) <u>Donnie</u> (Middle) <u>Deloin</u> (Last) <u>Lay</u>			4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>3</u> (Year) <u>1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Oct 4, 1950</u>
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Lay</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Barker</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Lay - Sikeston MO</u> ADDRESS <u></u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>491X</u> (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-3</u> , 1952, to <u>1-3</u> , 1952, that I last saw the deceased alive on <u>1-3</u> , 1952, and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E.D. Hibban M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>1-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>1-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery at Sikeston</u>	24d. LOCATION (City, town, or county) (State) <u>MO.</u>
DATE REC'D BY LOCAL REG. <u>1-11-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor - Sikeston MO</u> ADDRESS <u></u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JAN 14 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. E. McWhorter

Licensed Embalmer No. 4695

P. O. Address East Prairie, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.